



Home For Good Funders Collaborative

Spring 2012 Request for Proposals (RFP)

Participating Funders

Private Funders

Aileen Getty Foundation
Annenberg Foundation
Conrad N. Hilton Foundation
Corporation for Supportive Housing
Kaiser Permanente
W.M. Keck Foundation
The California Endowment
The Carl and Roberta Deutsch Foundation
UniHealth Foundation
United Way of Greater Los Angeles
Weingart Foundation

Public Funders

City of Pasadena
Housing Authority of the City of Los Angeles
Housing Authority of the County of Los Angeles
Los Angeles Housing Department
L.A. County Department of Mental Health
L.A. County Department of Health Services
L.A. County Department of Public Health

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Home For Good: A Community Action Plan to End Chronic & Veteran Homelessness

On any given night in Los Angeles County, there are over 51,000¹ persons who experience homelessness, including 12,560 who are chronically homeless. Chronic homelessness is defined as being homeless for a year or more and having a disabling mental health, substance abuse and/or physical health condition. Residing in places unfit for human habitation such as under freeway overpasses, in riverbeds, behind dumpsters, and in abandoned cars, chronically homeless persons are at great risk of dying without intervention. Approximately 23% of chronically homeless individuals are Veterans. Fortunately, there are solutions, and **Home For Good** was developed because we know we can end homelessness in L.A. County.

In November 2010, The Business Leaders Task Force on Homelessness, a partnership of United Way of Greater Los Angeles and the L.A. Area Chamber of Commerce, launched an action plan called **Home For Good**. The plan outlines critical systems changes needed to end homelessness in our region, with a focus on ending chronic and Veteran homelessness by 2016. To date, 3,137 chronically homeless persons and Veterans have been placed² into permanent housing with supportive services. In addition, over 100 public, private, and nonprofit leaders have endorsed the plan.

Funders Collaborative

As part of **Home For Good** implementation, public and private funders have created a Funders Collaborative to align funding for permanent supportive housing, a critical solution to end chronic homelessness. Permanent Supportive Housing (PSH) is affordable housing for homeless persons with disabilities that provides in house access to ongoing supportive services including medical services, mental health, case management,

substance abuse treatment, and employment training.

The Home For Good Funders Collaborative (the Collaborative) has created a single request for proposals, aligned values and priorities, and will make funding decisions collaboratively. This approach ensures funders and providers that funds are leveraged to create maximum impact. United Way of Greater Los Angeles is the administrator of the Collaborative.

Collaborative Workgroup Members

Private

Aileen Getty Foundation
Annenberg Foundation
Conrad N. Hilton Foundation
Corporation for Supportive Housing –Los Angeles (CSH)
Dignity Health (formerly known as Catholic Healthcare West)
Enterprise Community Partners
Kaiser Permanente
W.M. Keck Foundation
The California Endowment
The Carl and Roberta Deutsch Foundation
UniHealth Foundation
United Way of Greater Los Angeles
Weingart Foundation

Public

City of Pasadena
City of Santa Monica
City of West Hollywood
Housing Authority City of Los Angeles (HACLA)
Housing Authority County of Los Angeles (HACoLA)
HUD - Los Angeles Field Office
Los Angeles County CEO's Office
L.A. County Department of Mental Health (DMH)
L.A. County Department of Health Services (DHS)
L.A. County Department of Public Health (DPH)
Los Angeles Homeless Services Authority (LAHSA)
Los Angeles Housing Department (LAHD)
Office of Supervisor Mark Ridley-Thomas
Office of Supervisor Zev Yaroslavsky
Veteran Affairs Greater L.A. Healthcare System

¹ Homeless count data is derived from the Los Angeles Homeless Services Authority, City of Glendale, City of Pasadena, and the City of Long Beach's 2011 Point In Time Homeless Counts.

² Home For Good 2011 Annual Report

Funders Collaborative Values

In our efforts to end chronic homelessness, we value:

1. **Dignity.** Everyone deserves a home. Homeless individuals should have the option to enter permanent housing immediately, without requirements to complete a program or participate in services.
2. **Self-Determination.** Our homeless neighbors should have a voice in their housing and should not be penalized for exercising their right to choose from available housing options.
3. **Stability.** Permanent housing is a critical first step on the road to wellness for those who are struggling with substance abuse, mental health, or chronic health problems.
4. **Opportunities to Thrive.** Services in housing, including health, mental health, substance abuse and case management services, are crucial to the vitality of formerly chronically homeless individuals.
5. **Innovation.** We support the development of new and creative housing strategies and solutions.
6. **Localization.** Because homelessness exists in every region, we need housing options in every community.
7. **Effectiveness & Efficiency.** We support housing and services that are both effective in helping homeless individuals thrive in housing through cost-effective models.
8. **Collaboration & Alignment.** Through our partnerships as funders, and the partnerships of housing and services providers, we can better leverage resources to improve capacity and maximize impact.
9. **Evaluation & Learning.** Evaluation will be crucial in understanding and sharing what works.
10. **Sustainability.** We must invest in the long-term sustainability of projects providing housing and services to chronically homeless people.

Organization Eligibility and General Criteria

Providers must meet the minimum application eligibility criteria described below before submitting an application for consideration.

- ☒ Funding is available to organizations that are exempt under Section 501(c)(3) of the Internal Revenue Code and are classified as “not a private foundation” under Section 509(a).
 - Applicants for the City of Pasadena’s Project Based Vouchers for Chronically Homeless Families (Funding Area #4) may be private or nonprofit permanent supportive housing developers. The project site must have a Pasadena address (unincorporated areas are not eligible).
- ☒ Organizations must operate or provide services within the stated geography. If the parent organization is located outside the stated geographic project area, the applicant must demonstrate the ability to operate or provide services within the geographic area.
- ☒ Organizations that discriminate on the basis of ethnicity, race, color, creed, religion, gender, national origin, age, disability, marital status, sexual orientation, gender identity, or Veteran’s discharge status are ineligible.
- ☒ Multiple organizations may apply as a collaborative, however a lead agency must be designated to complete the application and receive grant funds.

FUNDING AREAS & SPECIFICATIONS

SPRING 2012 RFP

The Collaborative seeks competitive proposals to increase the number of permanent supportive housing units in Los Angeles County dedicated to chronically homeless households. The Collaborative will invest in supportive services, move-in assistance, and vouchers to subsidize rental housing through grants awarded under this RFP. **Proposals must target permanent supportive housing for individuals, families, Veterans, or youth who meet the HUD definition of chronically homeless and reside within Los Angeles County.**³

Providers are invited to submit one proposal for each Funding Area. Each Funding Area is a unique grant opportunity with its own eligibility criteria, project focus, and outcomes. If a grant is for two years, renewals will be contingent upon the provider's performance and successful fundraising efforts by the Funders Collaborative. Table 1 is provided as a guide to help applicants determine the best opportunities for their organization.

TABLE 1: Summary of Funding Areas

Funding Areas	Description	Project Focus	Grant Term	Grant Size (per year)	Geography	Application Process Please see pg. 10
1. Countywide Permanent Supportive Housing (PSH) Support for PSH units becoming available in 2012-2013 (new development, scattered site, or turnover)	SEEKING MULTIPLE PROVIDERS: <input checked="" type="checkbox"/> Must provide supportive services to persons who are chronically homeless in PSH units coming online in 2012-2013. <input checked="" type="checkbox"/> Must demonstrate access to units that are available between July 1, 2012 and June 30, 2013 through ownership of existing stock, master lease agreements, contract(s) with a PHA for housing vouchers, or have a strong track record working with private landlords. This is a pool of private funding dedicated toward enriching supportive services in permanent supportive housing coming online in 2012-2013, including units turning over in existing PSH projects, scattered site units, and new development units coming online. Supportive services must be dedicated to the new,	• Supportive Services	1-2 Years	\$45,000 to \$300,000 (Max. \$3,000/ unit)	Countywide	UW Online Application
		• Move-In Assistance	1-2 Years	\$30,000 to \$200,000 (Max. \$2,000/unit)		

³ A "chronically homeless" household is defined by HUD as "an unaccompanied homeless individual or head of household with a disabling condition who has either been continuously homeless for a year or more, or has had at least four episodes of homelessness in the past three years."

	<p>chronically homeless tenants, and include case management, mental health, health, substance abuse services, mobile crisis intervention teams, and retention activities. Applicant must demonstrate how provider will continue services after the initial 2 year grant period.</p> <p>Funding is also available for move-in assistance to provide timely security deposits. Providers who have existing funding sources for security deposits may apply for move-in assistance to help clients purchase furniture and other household goods, and make utility deposits.</p> <p>Applicants can apply for 1-2 years of funding, and the Collaborative encourages innovation, effectiveness, and the creation of opportunities to thrive.</p>					
2. Countywide Scattered Site PSH Program Support for the existing City/County scattered site PSH program for chronically homeless consumers of County services	<p>SEEKING <u>ONE</u> PROVIDER:</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> To work closely with L.A. County Departments of Mental Health, Health Services, and Public Health. <input checked="" type="checkbox"/> To provide rapid response to up to 500 clients who reside in scattered site PSH units across L.A. County on an as needed basis. <input checked="" type="checkbox"/> To fiscally manage move-in assistance grants for up to 500 chronically homeless tenants. <p>This is a partnership between the Housing Authority of the City of Los Angeles (HACLA), the Housing Authority of the County of Los Angeles (HACoLA), and L.A. County Departments of Mental Health, Public Health, and Health Services. The two Housing Authorities provide Homeless Section 8 vouchers available through existing contracts with DMH and DHS. This program serves eligible chronically homeless individuals who are current consumers of County services or are eligible for County services. The County Departments identify the clients that meet chronic homeless criteria and that are eligible for Homeless Section 8, and assist them with completing the Section 8 application, locating housing and providing the supportive services necessary to maintain the housing.</p> <p>The provider will perform the following scope of work:</p>	<ul style="list-style-type: none"> • Program Coordination • Housing Retention Response Team 	2 Years	\$350,000 to \$450,000	Countywide	UW Online Application
		<ul style="list-style-type: none"> • Move-In Assistance Grants and Administration 	2 Years	\$500,000 for move-in assistance grants (Max.\$2,000 per unit), and \$50,000 for program administration.		

	<ul style="list-style-type: none"> • PROGRAM COORDINATION: Serve as the primary point of contact for this initiative working in close collaboration with L.A. County Departments of Mental Health, Health Services, and Public Health. Be a liaison with the Housing Authorities of the City of Los Angeles and the County of Los Angeles to assist in processing housing applications under this initiative. Coordinate the processing of move-in assistance grants through communication with the Housing Authority, County case manager, landlord, and client. Facilitate a seamless system of care between the Housing Retention and Rapid Response Team and County staff/case managers during client crises. Collect data on the utilization of the main program components: housing vouchers, move-in assistance, and response to clients in crisis. • HOUSING RETENTION AND RESPONSE TEAM: Provide 24 hour/7days a week rapid response to clients in crises living in scattered site units throughout L.A. County. Rapid Response services include assessing and triaging urgent complaints from landlords, tenants, County staff/case managers and Housing Authority staff. Examples of responses include resolving urgent landlord/tenant conflicts that could lead toward immediate client eviction, accessing appropriate emergency psychiatric services if client is threat to self or others, helping a client transition to independent living and adjust to living on their own and feeling safe and secure. • MOVE-IN ASSISTANCE GRANTS ADMINISTRATOR: Process applications for move-in assistance grants for up to 500 clients over the two-year grant period. Applications will be submitted by County staff and must be processed within 5 business days. 					
3. Corporation for Supportive Housing Frequent Users System Engagement	<p>SEEKING ONE COLLABORATIVE:</p> <p><input checked="" type="checkbox"/> Must be composed of a nonprofit homeless service or PSH provider, at least one hospital, and at least one FQHC partner;</p> <p><input checked="" type="checkbox"/> Must have access to housing vouchers that can be targeted to FUSE clients;</p>	<ul style="list-style-type: none"> • Housing, Health <u>and</u> social services navigation to include: • Benefits 	1 Year	\$90,000-\$100,000 <input checked="" type="checkbox"/>	San Fernando Valley, San Gabriel Valley, South L.A., and South Bay	UW Online Application

<p>(FUSE) Support for housing placement of 10 chronically homeless frequent users of health services in collaboration with a hospital and FQHC.</p>	<p><input checked="" type="checkbox"/> Must have a track record working with chronically homeless households.</p> <p>CSH-LA is leveraging an exciting new Social Innovation Fund grant from the Corporation for National and Community Service to expand and replicate the CSH FUSE program across L.A. County to create solutions that link supportive housing and health care. The CSH FUSE program uses supportive housing integrated with care management and primary and behavioral health services to improve health outcomes while reducing public costs among individuals with complex health needs.</p> <p>CSH is looking to add one more collaborative in a high-need community. Specifically, this new hospital-FQHC-housing collaborative will identify, support, and house frequent users. The FUSE applicant needs a) hospital and Federal Qualified Health Center (FQHC) partners, b) housing vouchers to target to the initiative, and c) adequate available PSH in the community.</p> <p>THE FUSE COLLABORATIVE WILL:</p> <ul style="list-style-type: none"> • identify frequent users residing in hospitals using a research-based, user-friendly “triage” tool created by The Economic Roundtable (<i>Crisis Indicator: Triage Tool for Identifying Homeless Adults in Crisis</i>. Economic Roundtable. August 2011) and work with The Economic Roundtable to train medical staff to implement the tool; • connect frequent users immediately to housing and support services; • complete and submit applications for permanent supportive housing (PSH); • enroll frequent users in SSI/MediCal link frequent users to FQHCs as their medical homes and secure follow-up medical appointments; • refer frequent users for mental health and substance abuse services as needed; • help frequent users find and move into permanent support housing (PSH); • participate in a process and impact evaluation conducted by a research partner; • convene regular collaborative team meetings to share 	<p>Enrollment, Medical Home Placement</p> <ul style="list-style-type: none"> • Housing Applications, Placement, • Location • Move-In Support Retention/supportive services 				
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	<p>data on frequent users and ensure that frequent users receive housing and support services; and</p> <ul style="list-style-type: none"> participate in a quarterly County-wide FUSE Learning Community to share best practices and problem-solve around systems change. <p>Desired health care systems change outcomes include hospitals incorporating FUSE “triage” tool and housing “navigator” services as part of their intake and discharge processes. Desired housing systems change outcomes include housing agencies integrating frequent users as a priority population into City/County funded PSH units.</p>					
<p>4. City of Pasadena New Development Support for PSH for chronically homeless families</p>	<p>SEEKING ONE PROVIDER:</p> <p><input checked="" type="checkbox"/> Must demonstrate capacity to raise additional project financing to complete construction.</p> <p>The City of Pasadena is seeking an affordable housing developer to develop new construction housing for chronically homeless families residing in the City of Pasadena. The City will provide up to 28 project-based Section 8 vouchers through this competitive process.</p> <p>The project site must have a Pasadena address (unincorporated areas are not eligible).</p>	<ul style="list-style-type: none"> Project Based Vouchers 	15 years	28 project-based vouchers	City of Pasadena	UW Online Application
<p>5. NEW City of Los Angeles Scattered Site Program Support for scattered site program for chronically homeless households.</p>	<p>SEEKING MULTIPLE PROVIDERS:</p> <p><input checked="" type="checkbox"/> Supportive Services: Must demonstrate ability to house and serve persons who are chronically homeless in scattered site housing in the City of L.A.</p> <p><input checked="" type="checkbox"/> Must demonstrate ability to rapidly respond to tenants in crisis.</p> <p><input checked="" type="checkbox"/> Vouchers: Visit HACLA’s site for specific eligibility criteria.</p> <p>The Housing Authority of the City of Los Angeles is coordinating resources with private funders to provide supportive services and operating subsidies under this RFP to increase access to scattered site PSH units for chronically homeless households served by community based organizations (CBOs) who are not current consumers of on-going health and mental health services. Applicants must</p>	<ul style="list-style-type: none"> Tenant-Based Housing Vouchers 	15 Years	100 tenant-based vouchers (accessed over 2 years)	City of L.A.	www.hacla.org
		<ul style="list-style-type: none"> Supportive Services Housing Location 	2 years	\$45,000 to \$150,000 (Max. \$5,000/ unit)		UW Online Application
		<ul style="list-style-type: none"> Move-In Assistance 		\$30,000 to \$100,000 (Max. \$2,000/unit)		

	<p>simultaneously submit applications to both HACLA for vouchers and through the UW online application for services and move-in funds.</p> <p>Providers may apply for tenant-based vouchers from HACLA to house chronically homeless people served by CBO's who are not current consumers of on-going health and mental health services in scattered-site PSH.</p> <p>Concurrently, applicants may also apply for up to \$5000 per household for supportive services and up to \$2000 per household for move-in assistance grants under this initiative.</p> <p>Awards will be granted to proposals selected by both funding partners. Please review the application instructions on page 11 for this two part application submittal.</p>					
6. Affordable Housing Trust Fund-Round II (LAHD & HACLA joint NOFA)	<p>SEEKING MULTIPLE PROVIDERS:</p> <p><input checked="" type="checkbox"/> Visit the funder's site for specific eligibility criteria:</p> <p>The City of Los Angeles Housing Department (LAHD) and the Housing Authority of the City of Los Angeles (HACLA) are coordinating resources to provide capital and operating subsidies for permanent supportive housing development. This Notice of Funding Availability (NOFA) will prioritize housing for extremely low income chronically homeless, Veterans, and frequent users of Health and Mental Health Services.</p>	<ul style="list-style-type: none"> • Capital development costs 	1 Year	\$10,000,000 <input checked="" type="checkbox"/>	L.A. City	LAHD Affordable Housing Trust NOFA http://lahd.lacounty.org/lahdinternet/AHTFNOFA/tabid/366/language/en-US/Default.aspx
7. Corporation for Supportive Housing - Stable Homes, Brighter Futures Flexible Funding to support the creation of, access to, and stability for TAY in PSH	<p>SEEKING MULTIPLE PROVIDERS:</p> <p><input checked="" type="checkbox"/> Visit the funder's site for specific eligibility criteria.</p> <p>The goal is to expand the creation of, access to, and stability in permanent supportive housing for vulnerable transition age youth (i.e. youth ages 18 - 25) who are homeless, chronically homeless, and those at-risk of chronic homelessness. Funding is intended to be flexible. Applicants are encouraged to demonstrate how funds will be used to build strong neighborhood networks of support for</p>	<ul style="list-style-type: none"> • Capacity Building/Core operating support • Retention/supportive services • Outreach and Housing 	1 – 3 years	\$25,000-\$200,000 (over 1 to 3 years)	Countywide <input checked="" type="checkbox"/>	CSH Stable Homes, Brighter Futures RFP – : http://www.csh.org/news/stable-homes-brighter-futures-permanent-supportive-

	<p>vulnerable transition age youth.</p> <p>Funding can be used toward activities that support the creation of, access to, and stability in permanent supportive housing for TAY. Applicants must submit feasibility plans for creating permanent supportive housing for TAY through development, scattered site leasing, or set asides in affordable housing developments. Applicant must also have existing permanent supportive housing units for TAY in operation or units becoming operable in 2012.</p>	<p>Placement</p> <ul style="list-style-type: none"> • Health Outreach, Housing and Social Service Navigation • Move-In Costs 				housing-for-transition-age-youth-initiative
8. L.A. County Department of Health Services - Request for Statements of Qualifications for Permanent Supportive Housing Services	<p>Seeking Multiple Providers:</p> <p><input checked="" type="checkbox"/> Visit the funder's site for specific eligibility criteria.</p> <p>The Los Angeles County Department of Health Services (DHS) is implementing supportive housing projects to provide affordable, permanent housing linked to appropriate services for DHS patients who are homeless and who have a chronic illness or disability or are a high utilizer of DHS services. DHS is releasing a Request for Statement of Qualifications (RFSQ) to identify qualified agencies to enter into Master Agreements with the County to provide intensive case management services and/or property related tenant services for DHS supportive housing projects. Master Agreements will be offered to all agencies who respond to the RFSQ and are determined to be qualified.</p> <p>The Master Agreement agencies will thereafter be solicited under competitive conditions to provide as needed intensive case management and/or property related tenant services under work orders that will describe in detail the particular project and the statement of work for each project.</p>	<ul style="list-style-type: none"> • Intensive Case Management Services • Property Related Tenant Services 	N/A	N/A	Countywide	http://cg.dhs.lacounty.gov

Competitive Program Design

Competitive proposals will address the following components in the applicable Proposal Narrative section(s):

- 1. Housing First.** Use an approach in which homeless individuals are not required to complete a program, participate in services, or demonstrate sobriety to enter or maintain housing.
- 2. Housing Access.** Provide access to housing resources via site control for new development, access to PHA housing vouchers and relationships with landlords for scattered site, or access to units for turnover or master leasing.
- 3. Retention Services.** Demonstrate ability to provide on-site supportive services to support housing retention, including health, mental health, case management, substance abuse, and eviction prevention services. Services can be provided by the applicant or through partnerships.
- 4. Prioritization.** Describe clear process by which chronically homeless people will be identified and prioritized for housing within the rules of Fair Housing. *Funding priority will be given to organizations targeting the most vulnerable and/or costly chronically homeless individuals.*
- 5. Successful Track Record.** Detail a strong history of rapid rehousing and/or housing retention (based on area of funding request). For organizations building capacity in this area, collaboration with an organization with a strong track record must be outlined.
- 6. Evaluation.** Demonstrate the ability to track and measure the success of the funded program through tracking key metrics and outcomes, and utilization of an HMIS system.
- 7. Leverage.** Describe other funding streams that will be leveraged for full funding if not applying for full funding for the permanent supportive housing project through this RFP.

APPLICATION PROCESS

I. FUNDING AREAS # 1-4

Applications are due by **Friday, April 20, 2012 at 5:00PM** through United Way's online portal. To access the online portal, please visit www.partnerunitedla.org and enter basic information about your organization. Once we have received your request for a user ID, United Way will email your organization a log in name and password to the online portal. Please review the application template on pages 14-30 before beginning the online process.

Applicants may apply for more than one Funding Area, however a separate Proposal Narrative must be completed for each area for which you apply (see pages 17-32).

No faxed, e-mailed, hand delivered, or late applications will be accepted. There will be no exceptions.

II. FUNDING AREA #5: NEW CITY OF LOS ANGELES SCATTERED SITE PROGRAM

Applicants must submit two applications:

1. For HACLA vouchers, applicants must visit www.hacla.org and follow the application submission process.
2. For Supportive Services & Move-In Funds, applicants must visit www.partnerunitedla.org and follow the guidelines listed above for Funding Areas #1-4. **The Supportive Services/Move-In Funds Online Application is due by Friday, April 20, 2012 through online submission. No faxed, e-mailed, hand delivered, or late applications will be accepted. There will be no exceptions.**

III. FUNDING AREA #6: LOS ANGELES HOUSING DEPARTMENT AFFORDABLE HOUSING TRUST FUND

Applicants must visit www.lahd.lacity.org and follow the online submittal process.

IV. FUNDING AREA #7: CORPORATION FOR SUPPORTIVE HOUSING (CSH) STABLE HOMES, BRIGHTER FUTURES TRANSITION AGE YOUTH (TAY) INITIATIVE

Applicants must visit : <http://www.csh.org/news/stable-homes-brighter-futures-permanent-supportive-housing-for-transition-age-youth-initiative> and follow the application submission process.

Applications must be received by **Friday, April 20, 2012**. A bidders' teleconference will be held on Monday, March 19, 2012 from 1:00–2:30 pm. Call in: 1-866-840-0048. Code: 8556080.

V. FUNDING AREA# 8: LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES REQUEST FOR STATEMENTS OF QUALIFICATIONS (RSQ)

Applicants must visit [www. http://cg.dhs.lacounty.gov](http://cg.dhs.lacounty.gov) and follow the application submission process.

FUNDERS COLLABORATIVE APPLICATION TEMPLATE

The Funders Collaborative Application allows providers to apply for **Funding Areas # 1-4** and the Supportive Services and Move-In Grant components of **Funding Area #5** through one submission process. To apply for other Funding Areas, providers must follow the application process described on page 13.

The Funders Collaborative Application is an online submission through United Way's online portal system (www.partnerunitedla.org). Providers may apply for more than one Funding Area by checking each area in question number 8 (page 15). Only one application is needed, however a separate Program Narrative for each area is required (see page 17 for more details). Below is a replication of the online application to assist applicants in gathering all necessary materials needed to complete the online submission. Note: Applicants must use Internet Explorer to access the online portal system.

Agency Section 1: Application Cover Sheet

1. Applicant Organization: _____

2. Federal Tax ID Number: _____

3. Contact Information for Applicant:

Primary Address: _____

Phone (including area code): _____ - _____ - _____

Website URL: _____

Executive Director: _____

Phone (including area code& extension): _____ - _____ - **X** _____

E-mail address: _____

Contact Name and Title: _____

Phone (including area code& extension): _____ - _____ - **X** _____

E-mail address: _____

4. Organization Mission Statement:

5. Contact Information for Fiscal Sponsor: (if applicable)

Name of Fiscal Sponsor Organization:

Federal Tax ID Number: _____

Mailing Address: _____

City: _____

State: _____

Zip Code: _____

Phone (including area code): _____ - _____ - _____

Primary Contact Name & Title: _____

E-mail address: _____

Annual Organizational Budget (Current Fiscal Year): _____

6. Proposed Project Name: _____

7. Project Summary (Character Limit 400): _____

8. Funding Areas. Applicants may apply for more than one funding area. (Check all that apply):

- ☐ **1. Countywide PSH**
- ☐ **2. Countywide Scattered Site PSH Program**
- ☐ **3. CSH Frequent Users System Engagement (FUSE)**
- ☐ **4. City of Pasadena**
- ☐ **5. NEW City of Los Angeles Scattered Site Program (Supportive Services & Move-In Assistance Only)**

9. By completing the section below, you are affirming that you have authorization to submit this application on behalf of your organization.

Name of Executive Director: _____

Name and Title of person completing the application: _____

Agency Section 2: Application Financial Addendum

Please fill in the chart below using your organization's fiscal year. Amounts entered in the chart should match amounts found in your audit. If using a fiscal agent, please use financial data from the organization that is applying, not the fiscal agent.

Note: Program Services Expenses = Total Expenses-Administrative Expenses (including Management, General, Fundraising and Marketing expenses). Change in Net Assets is from Statement of Activities.

	2011 Fiscal Year or Projected	2010 Fiscal Year	2009 Fiscal Year
Revenue			
Total Expenses			
Surplus/(Deficit)			
Program Services Expenses			
Current Assets			
Total Assets			
Current Liabilities			
Total Liabilities			
Change in Net Assets			
Unrestricted Net Assets			
Temporarily Restricted Net Assets			
Permanently Restricted Net Assets			
Total Net Assets			

Agency Section 3: Financial Review Form

Please address each of the following:

Enter the organization's fiscal year ending date.

Does the organization have an audited financial statements report?

If yes, what is the last fiscal year audited? (Character Limit: 75)

If no, does the organization have a reviewed financial statements report performed by a CPA or a CPA firm?(Character Limit: 75)

If yes, what is the last fiscal year reviewed by a CPA or a CPA firm? (Character Limit: 75)

If no, please explain why an audit or a review was not obtained? (Character: 200)

If your last audited or reviewed financial statements report is more than 18 months old from your most recently closed fiscal year, please explain why a more recent audit or review was not obtained? (Character Limit: 200)

Does the organization receive a management letter from your CPA or CPA firm?

If yes, is there any material weakness identified?

If there is any material weakness, please explain briefly the cause of the finding and management correction plan. (Character Limit: 500)

Is there any significant deficiency identified?

If there is any significant deficiency, please explain briefly the cause of the finding and management correction plan, if any. (Character Limit: 500)

Agency Section 4: Project Budget Summary

Project Budget Summary (a complete budget is required in Section IV): Please list your total project budget, amount requesting from Funders Collaborative, and the number of years that funding is being requested (please see Table 1 on pages 5-11).

	Total Project Budget	Request Total	Number of years that funding is requested
Funding Area #1: Countywide PSH Program			
Funding Area #2: Countywide Scattered Site PSH Program			
Funding Area #3: CSH Frequent Users System Engagement (FUSE)			
Funding Area #4: City of Pasadena			
Funding Area #5: NEW City of Los Angeles Scattered Site Program (Supportive Services & Move-In Assistance Only)			

Agency Section 5: Project Location

Fill in the city, Service Planning Area and Supervisorial District of where your project site(s) will be located. For assistance, there is a "SPA and Supervisorial District" map under "resources" on the online home page.

Project Location: City _____ Service Planning Area (SPA) _____ Supervisorial District _____

Program Section 1: Proposal Narrative

The information provided in your application should be written as though the reviewers have no prior knowledge of your agency or programs. Your responses should describe the specific proposed project, and not your agency's general mission. The more clearly you describe the project, the target population, and the housing and services proposed, the better your application will be understood.

Each proposal narrative will correspond with the specific Funding Area that was selected in question #8 on this application. Applicants are advised to review Table 1 on pages 5-11 to ensure proposals are aligned with the selected Funding Area.

Proposal Narrative

Funding Area #1 – Countywide PSH Project – Page 18

Funding Area #2 – Countywide Scattered Site PSH Project – Page 21

Funding Area #3 – CSH FUSE Project – Page 23

Funding Area #4 – City of Pasadena Chronically Homeless Family Project – Page 26

Funding Area #5 – NEW City of Los Angeles Scattered Site (Services & Move-in component) – Page 28

Funding Area # 1: Countywide PSH

A. Project Design: Answer the following to describe your proposed project.

1. **STATEMENT OF NEED:** Describe the current need for PSH in your community and how your proposed project will address this need through securing new units of housing for chronically homeless individuals and/or families. (Character Limit: 2000)
2. **TARGETING AND PRIORITIZATION:** Describe the process by which chronically homeless people will be identified and prioritized for housing, and how these units will remain dedicated to this population even after the grant period. (Character Limit: 1000)
3. **TARGET POPULATION:** Specify the targeted chronically homeless sub-population(s) that this proposal will target. Check all that apply.
 - ☐ Chronic homeless households living on the streets
 - ☐ Chronic homeless households living in shelters
 - ☐ Chronic Veterans (individuals or with families)
 - ☐ Chronic persons with serious mental illness
 - ☐ Chronic persons with significant drug/alcohol addictions
 - ☐ Chronic persons with chronic medical condition(s)
 - ☐ Chronic high utilizers of the mental health system
 - ☐ Chronic high utilizers of the criminal justice system
 - ☐ Chronic high utilizers of inpatient facilities and/or emergency medical services
 - ☐ Chronic persons exiting criminal justice facilities
 - ☐ Chronic persons exiting mental health or psychiatric inpatient facilities
 - ☐ Chronic persons exiting residential chemical dependency treatment facilities
 - ☐ Chronic persons exiting hospitals or health care facilities
 - ☐ Chronic homeless persons exiting recuperative care settings
4. **HOUSING FIRST APPROACH:** Explain any requirements that tenants selected for your project must meet to be placed in permanent housing and any rules that tenants must follow while living in this housing. (Character Limit: 2000)
5. **HOUSING ACCESS:** Describe your housing creation strategy. Include details on status of new development projects, relationships with landlords for scattered sites, or access to turnover or master leased units. Be explicit in the number of units to be coming online and where the units will be located geographically. (Character Limit: 1000)
6. **EMERGENCY RESPONSE PROTOCOLS:** Describe your system for ensuring staff and client safety when responding to crisis calls. Be explicit in tools used for assessment and methods of triage. Also explain what responses would require additional supports beyond your responding staff and how you will access those supports. (Character Limit: 2000)
7. **RETENTION SERVICES:** Describe your supportive service model and explain your ability to provide on-site services to retain housing for chronically homeless tenants including; health, mental health, case management, substance abuse, and eviction preventions services. Be explicit in describing staff to client ratios, frequency and method of tenant contact, and linkages to additional systems. Services can be provided by the applicant or through partnerships. (Character Limit: 4000)

8. **LANDLORD/TENANT CONFLICT RESOLUTION:** Describe your landlord/tenant mitigation strategies that could help support a person who is chronically homeless retain housing. (Character Limit: 1000)
9. **CULTURAL COMPETENCY:** Describe how your project will be culturally relevant, sensitive, and linguistically accessible for the individuals or households that will be served. (Character Limit: 1000)

B. Project Readiness: Answer the following to describe the readiness of your project. (Character Limit: 2000)

1. **STAFFING:** Describe how you would staff this project over the course of the 2-year grant period. Explain if you plan to reassign existing staff to this project or if you will need to hire additional people. If hiring new staff, how long will it take to be fully staffed?
2. **HOUSING LOCATING:** Describe your current supply of housing units and average length of time and process for securing additional units, including use of interim housing units if applicable.
3. **TENANT OUTREACH:** Describe your tenant recruitment strategy and where tenants will be coming from including interim housing, partnerships with emergency shelters or access centers, 100K Homes Registries, hospital referrals, etc. Indicate if current relationships exist with potential referrals sources or if relationships will have to be established.
4. **PARTNERSHIPS:** If partnering with another entity, indicate whether partnership agreements are in place and attach letters in Sec. V (page 33) that validate existing agreements or intent to partner.

C. Organizational Capacity and Experience: Answer the following to describe your organization's experience providing housing and/or services to chronically homeless people. If you are partnering with a service provider, answer the questions as it relates to your partner's experience. (Character Limit: 2000)

1. Describe your experience serving people who are chronically homeless and have disabilities such as serious mental illness, substance abuse disorder, and chronic physical health conditions.
2. How long has your organization provided housing and/or services to people who are chronically homeless?
3. Based on the last 3 years, how many people who are chronically homeless did you serve on an annual basis, and what percentage of those has retained housing for one year?
4. Describe areas of technical assistance that could be helpful to increase your organizational capacity to serve chronically homeless people.

D. Proposed Outcomes: Based on your project design, list your anticipated 6 month and 12 month goals. (Note: Listed under **Program Section 3: Proposed Outcomes** on the online application)

Anticipated Outcome	6 Month Goal (Mid-Year)	12 Month Goal
How many chronically homeless households will be placed into housing during the grant period?		
How many chronically homeless households are currently housed and will participate in or be offered services during the grant period?		

What percentage of households served will retain housing for at least a year?		
What percentage of households served will increase income via public benefits or earned income within 6 months of housing placement?		

E. Project Evaluation: Describe the process for monitoring the program for which you are applying. How will the data be tracked? How will the data be used to make adjustments and changes to your proposal? (Character Limit: 1000)

F. Participation in your CoC's Homeless Management Information System (HMIS):

1. Do you currently participate in the Continuum of Care HMIS system?
2. If your agency does not currently participate in HMIS, would you use it if funding were approved?

G. Leverage: Describe how funds are being leveraged for this project. Include all other funding commitments including the amount, sponsoring entity, funding purpose (i.e. services, operating, or capital), length of funding commitment, and if the commitment is pending or has been finalized. In-kind sources should also be included. (Character Limit: 3000)

H. Sustainability: Describe how you plan to fund this program beyond the term of the contract. Include information on your agency's capacity to raise additional funding sources (both public and private sources) and form partnerships in order to maximize resources. (Character Limit :1000)

Funding Area #2: Countywide Scattered Site PSH Program

This project will serve up to 500 chronically homeless tenants referred by the Los Angeles County's Departments of Mental Health, Public Health, and Health Services over a two-year period. Competitive applicants will demonstrate a strong track record in providing field-based supportive services to people who are chronically homeless, working with County departments, and managing restricted funding to support client move-in activities.

A. Project Design: Answer the following to describe your proposed project.

1. **PROJECT COORDINATION:** Describe how you will staff and operate the Project Coordination component of this grant request. (Character Limit: 2000)
2. **HOUSING RETENTION AND RAPID RESPONSE TEAM:** Describe how your organization will be available to clients who are in crisis or who are experiencing other emergency situations, 24 hrs. a day, 7 days a week, 365 days a year and how follow-up services would be coordinated with County case managers. Be explicit in describing staff to client ratios, supervisor to staff ratios, length of response time from initial call to actual response, coordination of care and linkages with other service organizations. (Character Limit: 4000)
3. **EMERGENCY RESPONSE PROTOCOLS:** Describe your system for ensuring staff and client safety when responding to crisis calls. Be explicit in tools used for assessment and methods of triage. Also explain what responses would require additional supports beyond your responding staff and how you will access those supports. (Character Limit: 2000)
4. **Service Model:** Describe your service model philosophy. (Character Limit: 1000)
5. **LANDLORD/TENANT CONFLICT RESOLUTION:** Describe your landlord/tenant mitigation strategies that could help support a person who is chronically homeless and to retain housing until the County case manager would be able to follow-up. (Character Limit: 2000)
6. **MOVE-IN ASSISTANCE GRANTS ADMINISTRATION:** How will you staff and operate the move-in assistance grant program? Be explicit in describing the capacity of your finance department to process checks, ensure cash-flow between grant disbursements, and checks and balances to ensure that all submitted applications have been processed within 5 days. (Character Limit: 4000)
7. **CULTURAL COMPETENCY:** Describe how your project will be culturally relevant, sensitive, and linguistically accessible for the individuals or households that will be served. (Character Limit: 1000)
8. **PARTNERSHIPS:** If proposing to provide services through a partnership, explain the role of the partnership. (Character Limit: 1000).

B. Project Readiness: Answer the following to describe the readiness of your project. (Character Limit: 2000)

1. **STAFFING:** Describe how you would staff this project over the course of the 2-year grant award. Explain if you plan to reassign existing staff to this project or if you will need to hire additional people. If hiring new staff, how long will it take to be fully staffed?
2. **FLEXIBILITY:** Enrollment of all 500 participants is anticipated over a 2 year period; however the exact flow of referrals is unknown at this time. Describe how flexible your organization could be during the ramp-up process including ability to take on additional project duties related to housing location services and comfort level in assigning project staff to co-locate at County offices, as needed, for the purpose of coordinating resources.

C. Organizational Capacity and Experience: Answer the following to describe your organization's experience. (Character Limit: 2000)

1. Describe your experience serving people who are chronically homeless and have disabilities such as serious mental illness, substance abuse disorder, and chronic physical health conditions.
2. How long has your organization provided housing and/or services to people who are chronically homeless?
3. Based on the last 3 years, how many people who are chronically homeless did you serve on an annual basis, and what percentage of those has retained housing for at least one year?
4. Describe your organization's experience collaborating with the L.A. County Departments of DMH, DHS, or DPH. Include references to existing contracts.
5. Describe any previous experience in managing restricted client funding (e.g. HPRP Program). Include the timeframe from when an application for assistance was received to when a check is disbursed and if you have check signer contingencies to accommodate staff vacation schedules.
6. What service areas are you currently providing services in? Would you be able to provide mobile services Countywide?

D. Proposed Outcomes: Based on your project design, list your anticipated 6 month and 12 month goals. (Note: Listed under **Program Section 3: Proposed Outcomes** on the online application)

Anticipated Outcome	6 Month Goal (Mid-Year)	12 Month Goal
What percentage of households served will retain housing for at least a year as a result of your intervention?		
What percentage of landlord complaints will be responded to within 24 hours?		
What is the total number of anticipated days to turn-around a client move-in assistance check request?		

E. Project Evaluation: Describe the process for monitoring the program for which you are applying. How will the data be tracked? How will the data be used to make adjustments and changes to your proposal? (Character Limit: 1000)

F. Leverage: Describe how funds are being leveraged for this project. Include all other funding commitments including the amount, sponsoring entity, funding purpose (i.e. services, capacity building, or outreach), length of funding commitment, and if the commitment is pending or has been finalized. In-kind sources should also be included. (Character Limit: 3000)

Funding Area #3: CSH Frequent User System Engagement (FUSE) Program

The CSH FUSE Program is seeking to fund a new healthcare–housing collaborative between a homeless service provider or housing provider, federal qualified health care center (FQHC) and a hospital, that partners to identify, support, and house 10 chronically homeless frequent users of health services during the project period. The applying nonprofit must have proof of these partnerships at the time of application. Funding for CSH FUSE comes from the Conrad N. Hilton Foundation, the UniHealth Foundation, and the Corporation for National and Community Service’s Social Innovation Fund

A. Project Design: Answer the following to describe your proposed project.

1. COLLABORATIVE: Describe your proposed collaborative. Include the names of partnering institutions and what healthcare systems they are affiliated with. Also, answer whether; this is a new or existing partnership, and your proposed role and areas of responsibility within the collaborative. (Character Limit: 2000)
2. TARGETED POPULATION: Collaboratives must use the Economic Roundtable’s Triage Tool to identify chronically homeless frequent users of health services that fall in the 10th Decile and train medical staff to implement the tool. This is a research-based, user-friendly triage tool that identifies the highest-need, highest-cost chronically homeless persons with high accuracy (See *Crisis Indicator: Triage Tool for Identifying Homeless Adults in Crisis. Economic Roundtable. August 2011. www.economicrt.org*). Include any previous experience prioritizing tenants using the Economic Roundtable’s 10th Decile Triage Tool or Community Solution’s *Vulnerability Index*. (Character Limit: 2000)
3. HOUSING FIRST APPROACH: Explain any requirements that tenants selected for your project must meet to be placed in permanent housing and any rules that tenants must follow while living in this housing. (Character Limit: 2000)
4. HOUSING ACCESS: Describe your housing placement strategy. Include anticipated date of occupancy for new development projects, landlord recruitment strategies for scattered sites, or access to turnover or master leased units. Be explicit in the number of proposed rental subsidies to be used for homeless frequent users, and where the units will be located geographically. (Character Limit: 2000)
5. HEALTH OUTREACH, HOUSING AND SOCIAL SERVICE NAVIGATION: Describe how you propose to manage the initial transition of chronically homeless frequent users from emergency health services to permanent housing. Include details on proposed usage of interim housing, enrollment in MediCal-SSI, linkage to the FQHC as a primary medical home, and coordination of follow-up medical appointments. (Character Limit: 2500)
6. RETENTION SERVICES: Describe your supportive services model and explain your ability to provide on-site services to retain housing for chronically homeless tenants including: health, mental health, case management, substance abuse, and eviction preventions services. Be explicit in describing staff to client ratios, frequency and method of tenant contact, emergency response protocols, and linkages to additional systems. Services can be provided by the applicant or through partnerships. (Character Limit: 2500)
7. CULTURAL COMPETENCY: Describe how your project will be culturally relevant, sensitive, and linguistically accessible for the individuals or households that will be served. (Character Limit: 1000)

B. Organizational Capacity and Experience: Answer the questions below for each partner, including the lead applicant.

1. FOR HOMELESS SERVICE PROVIDER(s) (Character Limit 2500)

- A. EXPERIENCE: How long has your organization provided housing and/or services to chronically homeless people? What services do you provide?
- B. DATA: Over the past 3 years, how many chronically homeless individuals and households have you served on an annual basis?
- C. HOUSING LOCATION: Describe your housing locating experience including strategies on how you have built relationships with private landlords, assisted landlords in navigating the housing authorities' unit approval processes, and resolving landlord/tenant conflicts.
- D. HOUSING RETENTION: Based on the last 3 years, what percentage of chronically homeless tenants housed or received services through your organization retained housing for at least one year?
- E. PARTNERSHIP: Describe your experience in working with healthcare providers. Include your specific areas of responsibility.
- F. TA: Describe areas of technical assistance that could be helpful to increase your organizational capacity to serve chronically homeless frequent users.

2. FOR FQHC(s) (Character Limit 2500)

- A. EXPERIENCE: How long has your organization provided health care to chronically homeless people? Is the FQHC a 330h? What primary care and mental health services do you offer?
- B. DATA: What percentage of your clients are homeless? How many chronically homeless clients do you serve on an annual basis?
- C. PARTNERSHIP: Describe your recent experience working with housing and homeless service providers. Include your specific areas of responsibility.
- D. TA: Describe areas of technical assistance that could be helpful to increase your organizational capacity to serve chronically homeless frequent users.

3. FOR HOSPITAL(s) (Character Limit 2500)

- A. EXPERIENCE: What is your service area? What primary care and mental health services do you offer?
- B. DATA: How many chronically homeless clients do you serve on an annual basis? Total Emergency Department visits and ED charges for homeless patients per year? Total inpatient days and inpatient charges for homeless patients per year?
- C. INTAKE-DISCHARGE: Describe your current intake and discharge protocol for chronically homeless frequent users.
- D. PARTNERSHIP: Describe your recent experience in working in with housing and homeless service providers. Include your specific areas of responsibility.
- E. TA: Describe areas of technical assistance that could be helpful to increase your organizational capacity to serve chronically homeless frequent users.

C. Proposed Outcomes: Based on your project design, list your anticipated 6 month and 12 month goals. (Note: Listed under **Program Section 3: Proposed Outcomes** on the online application)

Anticipated Outcome	6 Month Goal (Mid-Year)	12 Month Goal
HOUSING How many chronically homeless frequent users will become tenants of PSH? How many of these tenants will have medical homes? How many of these tenants will participate in on-gong health and social services? What percentage of homeless frequent users served will retain housing for at least a year as a result of your organization's services?		
HEALTH CARE How many chronically homeless frequent users use FQHCs as their new medical homes? What percentage of homeless frequent users will reduce emergency room utilization and hospital inpatient days ⁴ during the grant period compared to the year prior to entering the FUSE program?		

D. Project Evaluation: Describe the process for monitoring the program for which you are applying. How will data be used to make adjustments and changes to your processes? Who will be responsible for providing health status and housing retention data to the outside evaluator? (Character Limit: 1000)

E. Participation in your CoC's Homeless Management Information System (HMIS):

1. Do you currently participate in the Continuum of Care HMIS system? (Character Limit: 500)
2. If your agency does not currently participate in HMIS, would you use it if funding were approved? (Character Limit: 500)

F. Leverage: Describe how funds are being leveraged for this project. Include all other funding commitments including the amount, sponsoring entity, funding purpose (i.e. services, capital, operating subsidies, outreach) length of funding commitment, and if the commitment is pending or has been finalized. In-kind sources should also be included. (Character Limit: 3000)

G. Sustainability: Describe how you plan to fund this program beyond the term of the contract. Include information on your agency's capacity to raise additional funding sources (both public and private sources) and form partnerships in order to maximize resources. (Character Limit: 1000)

⁴ A California study of CSH's Frequent Users of Health Services Initiative (FUSHI) saw significant reductions in homeless frequent users' ER visits and inpatient stays as a result of supportive housing: a 34% decrease in ER visits and a 32% decrease in ER charges, compared to a 12% decrease in visits and a 2% decrease in charges for the (unhoused) comparison group; inpatient days and charges decreased 27% for housed clients, but inpatient days for the comparison group grew 26% and inpatient charges increased 49%. (The Lewin Group, 2008)

Funding Area #4: City of Pasadena New Development

A. Project Design – City of Pasadena. Answer the following to describe your proposed project.

1. A description of the proposed housing project, including the number of units by size (square footage), number of bedrooms, bathroom count, sketches or description of any proposed new construction/reconstruction and/or rehabilitation plans and estimated date of completion, with a listing of amenities. If rehabilitation is planned, the description must include the property as-is, and the proposed rehabilitation; (Character Limit: 1000)
2. Evidence of site control, and, for new construction, identification and description of the proposed site, site plan, and neighborhood; (Character Limit: 500)
3. If applicable, evidence that the proposed new construction is permitted by zoning ordinances or regulations; (Character Limit: 500)
4. The proposed contract rent per unit, including a statement of which utilities, services, and equipment are included in the rent and which are not included. For utilities that are not included, an estimate of the average monthly cost for each unit type for the first year of occupancy; and (Character Limit: 1000)
5. A 30-year operating pro forma including all revenue, expense and debt assumptions; (**Attachment**)
6. A statement identifying: (Character Limit: 2500)
 - A. The number of persons occupying the property on the date of submission of the proposal;
 - B. The number of persons to be displaced, temporarily relocated, or moved permanently within the building or complex;
 - C. The estimated cost of relocation payments and services, and the sources of funding; and
 - D. The organization(s) that will carry out the relocation activities;
 - E. The identity of the owner and other principals and the names of officers and principal members, shareholders, investors, and other parties having a substantial interest; certification showing that the above mentioned parties are not on the U.S. General Services Administration list of parties excluded from Federal procurement and non-procurement programs; a disclosure of any possible conflict of interest by any of these parties that would be a violation of the PBVA contract; and information on the qualifications and experience of the principal participants. Information concerning any participant who is not known at the time of the owner's submission must be submitted to the PCDC as soon as that participant is known;
 - F. For developments in which 20 percent of more of the units will be subsidized, HUD Form-2530, must be completed in accordance with instructions from principals such as owner, developer, prime contractor, management agent, consultants, and architects and attorneys who have any interest other than arms length fee arrangement for professional services (for more information go to HUD website at <http://www.hud.gov/offices/adm/hudclips/handboos/hsg/4065.1/index.cfm>) See **Attachment A**;
 - G. The owner's plan for managing and maintaining the units;

H. If applicable, evidence of financing or lender interest and the proposed terms of financing, and;

I. The proposed term of the PBVA contract.

B. Organizational Capacity and Experience: Describe your organization's experiences providing housing and/or services to chronically homeless people. If you are partnering with a service provider, answer the questions as it relates to your partner's experience. (Character Limit: 1000)

1. How long has your organization provided housing and/or services to chronically homeless people? (Character Limit 200)

2. Based on the last 3 years, how many chronically homeless people did you serve on an annual basis, and what percentage of those has retained housing for one year? (Character Limit 200)

3. Describe your emergency response protocol for chronically homeless tenants in crisis. (Character Limit 1000)

4. Describe areas of technical assistance that could be helpful to increase your organizational capacity to serve chronically homeless people. (Character Limit 200)

C. Leverage: Describe how funds are being leveraged for this project. Include all other funding commitments including the amount, sponsoring entity, funding purpose (i.e. services, operating, or capital), length of funding commitment, and if the commitment is pending or has been finalized. In-kind sources should also be included. (Character Limit: 1000)

Funding Area #5: NEW City of Los Angeles Scattered Site Program

A. Project Design: Answer the following to describe your proposed project.

1. STATEMENT OF NEED: Describe the current need for PSH in your community and how your proposed project will address this need through securing new units of housing for chronically homeless individuals and/or families. (Character Limit: 1000)
2. TARGETING AND PRIORITIZING: Describe the process by which chronically homeless people will be identified and prioritized for housing and how these units will remain dedicated to this population even after the grant period. (Character Limit: 1000)
3. TARGET POPULATION: Specify the targeted chronically homeless sub-population(s) that this proposal will target. Check all that apply.
 - ☐ Chronic homeless households living on the streets
 - ☐ Chronic homeless households living in shelters
 - ☐ Chronic Veterans (individuals or with families)
 - ☐ Chronic persons with serious mental illness
 - ☐ Chronic persons with significant drug/alcohol addictions
 - ☐ Chronic persons with chronic medical condition(s)
 - ☐ Chronic high utilizers of the mental health system
 - ☐ Chronic high utilizers of the criminal justice system
 - ☐ Chronic high utilizers of inpatient facilities and/or emergency medical services
 - ☐ Chronic persons exiting criminal justice facilities
 - ☐ Chronic persons exiting mental health or psychiatric inpatient facilities
 - ☐ Chronic persons exiting residential chemical dependency treatment facilities
 - ☐ Chronic persons exiting hospitals or health care facilities
 - ☐ Chronic homeless persons exiting recuperative care settings.
4. HOUSING FIRST APPROACH: Explain how tenants will be selected for your project, any requirements that they must meet to be placed in permanent housing and any rules that tenants must follow while living in this housing. (Character Limit: 2000)
5. HOUSING ACCESS: Describe your housing creation strategy. Include details on relationships with landlords for scattered sites. Be explicit in the number of proposed units to be created and what neighborhoods units will be located in across the City of Los Angeles. (Character Limit: 2000)
6. RETENTION SERVICES: Describe your supportive service model and explain your ability to provide on-site services to retain chronically homeless tenants, including health, mental health, case management, substance abuse, and eviction preventions services. Be explicit in describing staff to client ratios, frequency and method of tenant contact, landlord/tenant conflict mitigation strategies, and linkages to additional systems. Services can be provided by the applicant or through partnerships. (Character Limit: 4000)
7. EMERGENCY RESPONSE PROTOCOLS: Describe your system for ensuring staff and client safety when responding to crisis calls. Be explicit in tools used for assessment and methods of triage. Also explain what responses would require additional supports beyond your responding staff and how you will access those supports. (Character Limit: 2000)

8. **LANDLORD/TENANT CONFLICT RESOLUTION:** Describe your landlord/tenant mitigation strategies that could help support a person who is chronically homeless retain housing. (Character Limit: 1000)
9. **CULTURAL COMPETENCY:** Describe how your project will be culturally relevant, sensitive, and linguistically accessible for the individuals or households that will be served. (Character Limit: 1000)

B. Project Readiness: Answer below to describe the readiness of your project.

1. **STAFFING:** Describe how you would staff this project over the course of the 2-year grant award. Explain if you plan to reassign existing staff to this project or if you will need to hire additional people. If hiring new staff, how long will it take to be fully staffed? (Character Limit: 1000)
2. **HOUSING LOCATING:** Describe your current supply of housing units and average length of time and process for securing additional units, including use of interim housing if applicable. (Character Limit: 1000)
3. **TENANT RECRUITMENT:** Describe your tenant outreach strategy and where tenants will be coming from including interim housing, partnerships with emergency shelters or access centers, 100K Homes Registries, hospital referrals, etc. Indicate if current relationships exist with potential referrals sources or if relationships will have to be established. (Character Limit: 2000)
4. **PARTNERSHIPS:** If applicable, indicate whether partnership agreements are in place and attach letters in Sec. V (page 33) that validate existing agreements or intent to partner. (Character Limit: 1000)

C. Organizational Capacity and Experience: Answer the following to describe your organization's experience providing housing and/or services to chronically homeless people. If you are partnering with a service provider, answer the questions as it relates to your partner's experience.

1. Describe your experience serving people who are chronically homeless and have disabilities such as serious mental illness, substance abuse disorder, and chronic physical health conditions. (Character Limit: 2000)
2. How long has your organization provided housing and/or services to people who are chronically homeless? (Character Limit: 500)
3. Based on the last 3 years, how many people who are chronically homeless did you serve on an annual basis, and what percentage of those has retained housing for one year? (Character Limit: 500)
4. Describe areas of technical assistance that could be helpful to increase your organizational capacity to serve chronically homeless people. (Character Limit: 500)

D. Proposed Outcomes: Based on your project design, list your anticipated 6 month and 12 month goals. (Note: Listed under **Program Section 3: Proposed Outcomes** on the online application)

Anticipated Outcome	6 Month Goal (Mid-Year)	12 Month Goal
How many chronically homeless households will be placed into housing during the grant period?		
What percentage of households served during the grant period will retain housing for at least a year?		
What will be the average length of time that your agency responds to calls for landlord/tenant conflict mitigation?		
What percentage of households served will increase income via public benefits or earned income within 6 months of housing placement?		

- E. Project Evaluation:** Describe the process for monitoring the program for which you are applying. How will the data be tracked? How will the data be used to make adjustments and changes to your proposal? (Character Limit: 1000)
- F. Participation in your CoC's Homeless Management Information System (HMIS):** (Character Limit: 1000)
1. Do you currently participate in the Continuum of Care HMIS system?
 2. If your agency does not currently participate in HMIS, would you use it if funding were approved?
- G. Leverage:** Describe how funds are being leveraged for this project. Include all other funding commitments including the amount, sponsoring entity, funding purpose (i.e. services, operating, or capital), length of funding commitment, and if the commitment is pending or has been finalized. In-kind sources should also be included. (Character Limit: 3000)
- H. Sustainability:** Describe how you plan to fund this program beyond the term of the contract. Include information on your agency's capacity to raise additional funding sources (both public and private sources) and form partnerships in order to maximize resources. (Character Limit: 1000)

PROGRAM SECTION 2: PROJECT BUDGET

Applicants are encouraged to verify grant cycle in Table 1 on pages (5-11). If a grant is for two years, renewals will be contingent upon the provider's performance and successful fundraising efforts by the Funders Collaborative. Grant funds are project restricted and may be applied to personnel and non-personnel costs related to the project.

This budget form presented below is a replicate on the electronic form found on the online application. **Applicants must complete one (1) budget form per Funding Area.** A completed budget form is not only a critical component of the application, but should funding be approved, will provide key information to be integrated into the progress reports. Please find additional details below.

Funding Area	Applicants must complete a separate budget for each Funding Area. Please list the Funding Area (#'s 1-5) in which the budget applies.
Personnel	Please list the titles of the primary staff involved in the project, and in the parentheses following each title, indicate the percentage of time devoted by that individual to the project.
Supplies & Materials	Supplies and Materials refers to the purchase of consumable, non-durable office and construction supplies that require frequent replacement.
Travel & Transportation	Travel and Transportation refers to the costs associated with traveling to meetings, conferences, trainings, project sites and other locations essential to the program's implementation. Costs may also include fuel and maintenance of the organization's vehicles being used for the program
Indirect Costs	Indirect expenses generally are overhead costs that are difficult to attribute to any single project of an organization (e.g. accounting and legal services, administrative oversight, fundraising, IT support, and utilities). A maximum of 15% of indirect costs are allowed.
Equipment	Equipment refers to the purchase or rental of such items as computers, vehicles, office furniture, tools, and other infrequently purchased, non-consumable, non-durable items.

FUNDING AREA:						
PROJECT EXPENSES	TOTAL PROJECT BUDGET Yr. 1	TOTAL PROJECT BUDGET Yr. 2	TOTAL BUDGET (Yr.1 + Yr.2)	FUNDERS COLLABORATIVE Yr. 1 Request	FUNDERS COLLABORATIVE Yr. 2 Request	TOTAL FUNDERS COLLABORATIVE REQUEST
PERSONNEL						
Program Staff						
Benefits						
Taxes						
Total Personnel						
NON-PERSONNEL						
Move-In Assistance Grants						
Rent						
Supplies & Materials						
Printing & Postage						
Telephone & Internet						
Travel & Transportation						
Conference & Meetings						
Training						
Evaluation						
Other (See Instructions)						
Total Non-Personnel						

Subtotal of Personnel and Non-Personnel Costs						
Indirect Costs (see instructions)@___ (maximum of 15%)						
OTHER						
Consultants						
Sub-grants to other organizations						
Equipment						
Capital						
Total other						
GRAND TOTAL						

ORGANIZATIONAL BUDGET (CURRENT F/Y)	
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V. ADDITIONAL MATERIALS

All additional materials must be converted to PDF (max 8 mg) to up-load through the online portal.

- ☒ Board roster (include name, title, and affiliation)
- ☒ Most recent fiscal year financial statements
- ☒ Most recent fully completed audit. Audit must have been completed within the past 18 months (if applicable)
- ☒ Most recently submitted and signed IRS Form 990
- ☒ IRS determination letter of 501(c)(3) status
- ☒ Copy of current fiscal year organizational budget
- ☒ Current list of public sector, corporate, and foundation grants related to the program for which you are applying for funds
- ☒ Letters of Intent to Partner and/or Commitment Letters (i.e. landlords, service providers, private investors including bank commitment letters) if applicable.

For City of Pasadena Applicants Only:

- ☒ Equal Opportunity In Contracting forms AA-1, AA-2 and AA-3
- ☒ Affidavit of Non-Collusion by Contractor-signed
- ☒ Taxpayer Protection Amendment Disclosure
- ☒ A 30-year operating pro forma including all revenue, expense and debt assumptions
- ☒ HUD Form-2530 (For developments in which 20 percent or more of the units will be subsidized)

For CSH FUSE Applicants Only:

- ☒ MOUs or letters of intent from partner hospital(s) and Federal Qualified Healthcare Centers FQHC(s)

GLOSSARY OF TERMS

CSH – CORPORATION FOR SUPPORTIVE HOUSING

DHS – LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES

DMH – LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH

DPH – LOS ANGELES COUNTY OF PUBLIC HEALTH

FQHC – FEDERAL QUALIFIED HEALTH CENTER

FUSE – FREQUENT USERS SYSTEM ENGAGEMENT

HPRP – HOMELESS PREVENTION AND RAPID REHOUSING PROGRAM

RFP – REQUEST FOR PROPOSALS

RSQ – REQUEST FOR STATEMENTS OF QUALIFICATIONS

TAY – TRANSITION AGE YOUTH (youth 18- 25 years of age)

REQUEST FOR PROPOSAL FUNDING APPLICATION TIMELINE

Date	Activity	Comments
3/14/12	Release RFP	
3/27/12	RFP Information Session for Funding Areas #1-5	Tuesday, March 27, 2012 9:30-11:30am United Way Greater Los Angeles 1150 S. Olive Street, Suite T-500 Los Angeles, 90015 Please RSVP to CRivera@unitedwayla.org or (213) 808-6516.
4/5/12	Last day for questions	Send questions to rfp@unitedwayla.org or call our RFP Hotline at (213) 808-6380. Please visit our website after this day at www.unitedwayla.org for a list of frequently asked questions.
4/20/12	RFP Due Date	5:00 PM Deadline Due Online – NO EXCEPTIONS
June 2012	Award Notification	Grantees notified
7/1/12	Grant Start date	

ATTACHMENT A

HUD Form 2530